

ADAMS COUNTY **OWNER REHAB PROGRAM APPLICATION**



IN ORDER TO APPLY FOR THE HOUSING PROGRAM, PLEASE FILL OUT THE ATTACHED APPLICATION. Photocopies of the following must be submitted with the application:

- _____ A copy of your most recent property tax bill and a recent appraisal, if you have one. A copy of your mortgage statement showing current principal balance (if applicable).
- _____ A copy of each working household member's most recent Federal Income Tax Form (NOT W-2'S). If you are self-employed, make sure to include all schedules. Contact the Administrator if you do not file taxes.
- _____ Copies to verify other income sources will also be required. (Social Security Statement, Homestead Credit, Pension Statement, Child Support, Etc.) Please attach documentation for any regular reoccurring medical expenses, if applicable.
- _____ A copy of all employed household member's most recent paycheck stub. This stub must show **gross year-to-date** earnings. Please provide a start date if the household member started a new job within the last year.
- _____ A copy of your homeowner's insurance policy.



I have received a copy of the pamphlet "Protect Your Family From Lead In Your Home" with this application. *(please check one)*

YES _____

NO _____

ARE YOU A U.S. CITIZEN OR A QUALIFIED ALIEN?
_____ YES _____ NO (YOU MUST CHECK ONE)

Are there any loan fees that apply?

Yes. There is a \$50-\$100 fee for a title search, a \$30 fee to record your mortgage and \$250 in project review fees. These fees are included in your loan.

Return application to:
Adams County Housing Program
C/O Sue Koehn
201 Corporate Drive
Beaver Dam, WI 53916
Phone: 800-552-6330 Fax: 920-887-4250
Email: skoehn@msa-ps.com

ADAMS COUNTY
OWNER REHAB PROGRAM APPLICATION

Office Use Only: Application Number _____ Date Received _____

All information contained in this application is strictly confidential.
Please fill out all 3 pages (front and back).

Applicants Name: _____ Age _____

Co-Applicants Name: _____ Age _____

(Note: If you have a fiancé' or significant other living with you, please list here.

Current Street Address: _____
Street Address City State Zip

Mailing Address: (if different) _____
Street Address City State Zip

Telephone Number: (Home) _____ (Work): _____ (Cell) _____

Email Address: _____ Can we contact you via email? (circle one) Yes No

Total People Who Will be Living in this Home: _____

Children who reside in the house at least 50% of the time:

Name of Child	Age

You are not required to answer the questions below on this page. If you choose not to answer them, please check here. _____

Sex of Applicant: _____ Male _____ Female Age of Applicant: _____

Head of Household: _____ Male _____ Female Marital Status of Applicant: _____

Are any members of this household handicapped? Yes _____ No _____

Racial/Ethnic Background, Check One:

_____ White	_____ American Indian/Alaskan Native & White
_____ Black/African American	_____ Asian & White
_____ Asian	_____ Black/African American & White
_____ American Indian/Alaskan Islander	_____ American Indian/Alaskan Native & Black/African American
_____ Native Hawaiian/Other Pacific Islander	_____ Hasidic Jews
_____ Hispanic	_____ Balance of Order

Please list the income of all persons 18 years of age or older (not including full time students.) Income includes gross wages, salaries, commissions, net income from self-employment, net income from the operation of real property, interest, dividend, Social Security, SSI, Pension, AFDC, Alimony, Child Support and any other benefit income.

Name of Household Member	Name of Employer or Source of Income	Start Date	Monthly Gross Income

CHILD SUPPORT

Does any household member receive child support? (*circle one*) yes or no

- If yes, how often? (*circle one*) weekly, bi-weekly or monthly

- If yes, please attach documentation.

Does any household member pay child support? (*circle one*) yes or no

- If yes, please attach documentation.

PROPERTY STATUS (CHECK ONE):

Paid For _____ Mortgage _____ Land Contract _____

If the home is mortgaged or on a land contract, the mortgage or land contract is with:

Name: _____ Address: _____

Phone: _____ Monthly Payment: _____

Name(s) that are on the Title to the House: _____

Original Purchase Price: \$_____

Approximate amount of mortgage: \$_____

**Year you purchased the home: _____ Year the home was built: _____

****If your home was purchased within the last 5 years, please attach a copy of you appraisal.**

HOMEOWNERS INSURANCE

Name of Insurance Co.: _____ Name of Agent: _____

Policy Number: _____ Expiration Date: _____

Phone Number of agent: _____

IMPROVEMENTS NEEDED (Check all that apply)

<input type="checkbox"/>	Roof	<input type="checkbox"/>	Insulation	<input type="checkbox"/>	Interior Walls
<input type="checkbox"/>	Exterior/Siding/Painting	<input type="checkbox"/>	Furnace	<input type="checkbox"/>	Water Heater
<input type="checkbox"/>	Plumbing	<input type="checkbox"/>	Foundation	<input type="checkbox"/>	Doors
<input type="checkbox"/>	Wiring/Electrical	<input type="checkbox"/>	Windows	<input type="checkbox"/>	Porch
<input type="checkbox"/>	Chimney Repair	<input type="checkbox"/>	Other (explain)		

****Only work that is considered essential and necessary will be permitted. All Lead Based Paint Hazards will need to be corrected. Hazards will be determined upon an initial project assessment of your home. The assessment will include your entire home.**

CONFLICT OF INTEREST

Do you have any family or business ties to any of the following people? Yes_____ No_____

Susan Koehn, Housing Program Specialist	Kari Justmann, Team Leader
Stacy Griswold, Housing Program Assistant	Al Sebastiani, County Board Chair
Cindy Phillippi, County Clerk	Jack Allen, Committee Member
Terry James, Committee Member	Tom Feller, Committee Member
John West, Committee Member	Dick Wirth, Committee Member

If yes, disclose the nature of the relationship:

Names of covered person	

I/We, the undersigned owners of the described property, certify that the above statements are true, complete and accurate to the best of my/our knowledge, and understand that false information given may lead to disqualification from this program. I fully understand that it is a federal, state and local crime punishable by fine or imprisonment or both, to knowingly make any false statements concerning the facts of the application.

I/We hereby authorize the Municipality to obtain verification of any information contained in this application from any source named herein. We have given our permission to the Adams County Housing Program to request and receive information required to verify employment, mortgages, deed, trust accounts, savings accounts, credit accounts, financial status and any other information necessary to complete application for a Loan.

I/We authorize a Lead Hazard Review of my/our property. I/We agree that results will be used to determine the scope of my project and that soil sampling will not take place.

No provision of marital property agreement (including a Statutory Individual Property Agreement Pursuant to Sec. 766.587, Wis. Stats.), unilateral statement classifying income from separate property under Sec. 766.59, or court decree under Sec. 766.70 adversely affects the creditor unless the creditor is furnished with a copy of the document prior to the credit transaction or has actual knowledge of its adverse provisions at the time of obligation is incurred.

I/We certify that all information contained in this application is true and complete to the best of (my) (our) knowledge and belief. It is understood that this information is given for the purpose of obtaining financial assistance through the Adams County Housing Rehabilitation Program and will be used for no other purpose.

(Signature of applicant)

Date: _____

(Signature of applicant)

Date: _____